

Futura™ CSI

CONICAL SUBTALAR IMPLANT



➤ tapered for an anatomical fit



The CSI Implant offers a unique fully threaded conical design allowing for anatomic fit and ease of insertion for the treatment of the flexible flatfoot. It combines progressively softened threads to minimize discomfort and apertures to allow for soft tissue in-growth; ideal for anatomic subtalar joint motion with minimal surgical exposure.

➤ The CSI Advantage

Design Feature	Advantage
Progressively Softened Threads	Minimizes edge effects that may lead to pain while resisting lateral migration of the implant
Exclusive Conical Implant Geometry	Allows for anatomic fit of the sinus tarsi anatomy aiding in insertion and allowing for adjustment of blocking motion
Apertures	Allows for soft tissue in-growth to reduce the potential for migration
Long Stemmed Trials	Allow for ease of insertion and removal of trial sizes
Multiple Size Options	Each size varies in length and diameter to fit varied patient anatomy
Color Coded and Radiopaque Trials	For verification of proper placement
Fully Cannulated	Aids insertion to desired placement
Constructed of Titanium	Patient biocompatible

CSI Implant Surgical Technique

1 Initial Incision



A small incision (2 – 4 cm) is placed on the lateral aspect of the foot over the sinus tarsi region within the relaxed skin tension lines.

Care should be taken to avoid the intermediate dorsal cutaneous nerve at the superior border of the incision as well as the peroneal tendon sheath, which should course inferiorly to the incision. The deep fascia and capsule overlying the sinus tarsi is identified and incised, allowing entry into the lateral sinus tarsi. Minimal dissection is performed in the sinus tarsi. The cannulated probe is inserted with a gentle, twisting motion to open the sinus tarsi, to dilate the tarsal canal and stretch the interosseous talocalcaneal ligament.

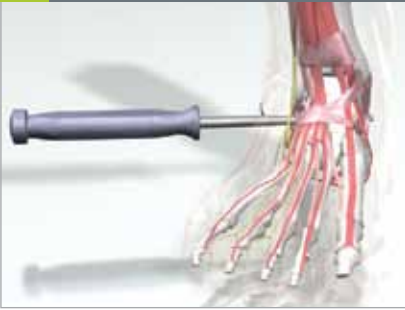
5 Scored Handle



The equivalent size sterile implant is placed over the guide pin and utilizing the insertion tool, is placed into the sinus tarsi to the predetermined measured length.



2 Insert Probe



The probe is positioned from lateral to medial across the lateral sinus tarsi and into the sinus canal. The probe tip will gently "tent" the soft tissue on the medial side of the foot. Proper positioning of the probe in the sinus tarsi should result in the distal aspect of the probe "tenting" just inferior to the tibialis posterior tendon and anterior and slightly inferior to the medial malleolus. During this maneuver the interosseous talocalcaneal ligament may be released. The guide pin is then placed through the cannulated probe from lateral to medial. Again, the medial tenting should be evident to assure correct placement within the sinus canal. The probe is then removed.

3 Guide Pin



All further instrumentation and implants are cannulated and will be placed over the guide pin for ease of use and to ensure the implant is placed in the correct location. An optional thumb press is provided to maintain placement of the guide pin while removing cannulated instruments. The appropriate trial sizer is placed into the sinus tarsi from lateral to medial.

4 Trial Sizer



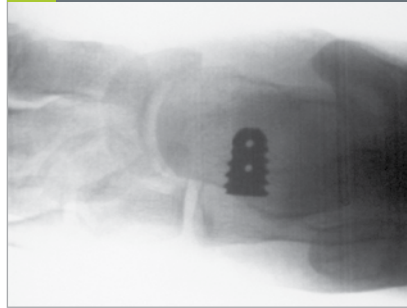
Place the grip handle over the trial sizer for ease of insertion. Range of motion of the subtalar joint and implant placement are examined. The appropriate trial sizer should limit abnormal calcaneal eversion. From a neutral calcaneal position, approximately 2-4 degrees of joint eversion is preferred. At this time, intra-operative radiographics are taken to evaluate the placement of the implant. Once the appropriate trial sizer is determined, check the measurement on the scored handle and remove the sizer.

6 Implant Placement



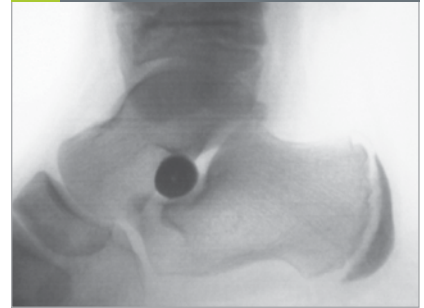
Intra-operative radiographics are once again taken to evaluate the degree of correction and placement of the implant. On AP view, the leading end of the implant should be 1/3 to 1/2 the distance across the subtalar joint near the bisection of the talonavicular joint.

7 AP View



If the implant is determined to be too far in a medial or lateral direction the insertion tool can be turned in either direction to adjust positioning. The insertion tool and guide pin are removed when satisfactory position of the implant is obtained. The area should be irrigated and the subtalar joint motion should be reevaluated. Significant reduction of excess subtalar joint pronation should now be appreciated.

8 Lateral View



Closure of the capsule, subcutaneous tissue and skin layers is performed and the foot is placed in a mildly compressive dressing. Post-operative care, assuming no adjunctive procedures were performed, consists of protective weight-bearing in a below-the knee walking cast or walking boot for 2-4 weeks. A gradual return to limited activity in 4-6 weeks is permitted as tolerated.

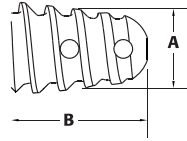
CSI – Product Information

Conical Subtalar Implant

Designed to facilitate the correction of pathological flatfoot deformities by blocking forward, downward and medial displacement of the talus, allowing normal articulation of the subtalar joint while limiting excessive pronation. The CSI implant is manufactured from medical grade titanium, is available in six sizes and is supported by a procedure specific instrument set.

Ordering Information

	A	B	CAT#
CSI Implant			
	7 mm	13 mm	CSI-07
	8 mm	14 mm	CSI-08
	9 mm	15 mm	CSI-09
	10 mm	16 mm	CSI-10
	11 mm	17 mm	CSI-11
	12 mm	18 mm	CSI-12



	Diameter	Length	CAT#
CSI Guide Pin			
	2 mm	228 mm (9")	17-5212
CSI System Inserter			
	3.5 mm hex	—	17-5213

FUTURA™ CSI

Tornier is pleased to bring you a comprehensive suite of lower extremity products.



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Prior to using any Tornier device, please review the instructions for use and surgical technique for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. Part # 19-5021

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